



Not in employment, education or training: Mental health, substance use, and disengagement in a multi-sectoral sample of service-seeking Canadian youth



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ABSTRACT

Background: Youth who are not engaged in employment, education or training (NEET) face multiple health, economic and psychosocial challenges. Despite the popularity of the NEET metric internationally, there is a paucity of research describing Canadian NEET youth.

Method: The proportion of NEET youth aged 12 to 24 presenting for services across multiple service sectors in Canada was examined. Their sociodemographic characteristics and mental health concerns were compared with those of their non-NEET peers.

Results: Over a quarter of youth were NEET, and they presented for services across all sectors. NEET youth showed multiple psychosocial risk factors. They were also more likely to endorse substance use and crime/violence concerns than their non-NEET service-seeking counterparts. Gender-based differences were observed.

Discussion: Since many youth presenting for services across sectors are NEET, youth-serving agencies should be prepared to offer a wide range of services to address their diverse needs. Implications for systematic screening and integrated service provision are discussed.

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1. Background

The acronym NEET was first used in the United Kingdom to refer to young people who are Not engaged in Education, Employment or Training (Social Exclusion Unit, 1999). It has since become a popular metric to describe youth who are struggling to navigate a successful school-to-work transition. The OECD reported that in Canada in 2014, in the 15–19 age range, 6.3% of young women and 7.8% of young men were NEET (OECD, 2014); these numbers rose to 14.0% and 15.5% respectively for the 20 to 24 age group, compared to an OECD average of 18%. While Canadian rates of NEET are lower than the average for all OECD countries (OECD, 2015), a considerable number of young Canadian men and women remain unengaged in employment and education/training. Given their disengagement from the social and economic structures, NEET youth are considered vulnerable and at a high risk of problematic psychosocial outcomes.

There are many reasons youth may become NEET. Some youth face barriers to entering the job market, such as poor labor market

conditions, a lack of job skills, or psychosocial challenges, while others are temporarily disengaged but plan to return to school (e.g., taking a “gap year”), and still others are interested in neither school nor the labor market (Public Health England, 2014). However, many NEET youth are experiencing difficulty with integration in the educational and employment structures. Indeed, unemployment rates are higher among youth than adults in Canada, in part due to a greater chance of layoff owing to low seniority, a greater proportion leaving work to enroll in schooling, and more temporary jobs for people in this age group (Bernard, 2013; Morissette, 2016). However, unemployment rates do not sufficiently capture the NEET concept, as they do not differentiate young people attending and not attending school. Education is mandatory until the age of 16 or 18 in Canada, depending on the province and school drop-out rates have been steadily declining across Canada over the past decades, although rates remain higher for males than females (Statistics Canada, No date). Despite these falling drop-out rates and mandatory education policies, there are still many young people not in education, making the younger NEET group of particular interest. Moreover, despite Canadian initiatives to encourage young people to engage in training or education programs, such as government loan and scholarship programs for students, many youth still become NEET.

Risk factors associated with NEET status include low academic achievement, parental unemployment, lower socioeconomic status,

Abbreviations: NEET, Not engaged in Education, Employment or Training; MHA, mental health and addictions; GSS, GAIN Short Screener.

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low self-confidence, mental health problems, and young parenthood (Dorsett & Lucchino, 2014; Public Health England, 2014). Internationally, young women are more likely to be NEET, perhaps due to young parenthood (OECD, 2015). Youth from low socioeconomic status families may be more likely to become NEET, as evidenced in research from Europe and Japan (e.g., Genda, 2007; UCL Institute of Health Equity, 2012). International data also reveals that socio-economic structures and public policy are associated with NEET status; for example public programming that fosters young people's access to educational opportunities by providing incentives is associated with reductions in youth attaining NEET status (Maguire & Rennison, 2005). Although some youth are NEET only for a short time, others experience long-term disengagement. In fact, being NEET once increases the risk of becoming NEET again, pointing to the potential longer-term consequences of disengagement from employment, education and training (Public Health England, 2014).

NEET status is associated with numerous negative economic, psychosocial and health impacts. Being NEET constitutes a substantial financial cost to the individual and to the economy (Public Health England, 2014). Furthermore, evidence shows that the self-rated general health status of NEET youth is impaired compared to non-NEET youth (Nordenmark, Gillander Gådin, Selander, Sjödin, & Sellström, 2015). NEET youth also show higher rates of mental health and addictions (MHA) problems, including depression and substance use, as well as criminal offending (Baggio et al., 2015; Benjet et al., 2012; Fergusson, McLeod, & Horwood, 2014; O'Dea et al., 2014).

Goldman-Mellor et al. (2016) suggested that the causal relationship between NEET and MHA is bidirectional: NEET can be a risk factor for developing mental health challenges as a consequence of financial burden and exclusion from social structures, but mental health challenges can be a risk factor for becoming NEET as youth with mental health symptoms may abandon their schooling and struggle to engage in the workforce as a consequence of their symptoms. That study found that NEET youth have higher rates of mental health challenges than non-NEET youth and that they experienced more mental health challenges before becoming NEET. While they were more pessimistic about the future than non-NEET youth, NEET youth were also more engaged in looking for a job, suggesting that it is not a lack of effort or commitment that led them to NEET status (Goldman-Mellor et al., 2016); in fact, NEET status does not appear to be associated with underlying personality traits (Baggio et al., 2015), but rather with psychosocial challenges such as low socioeconomic status, disability, and other psychosocial difficulties (Dorsett & Lucchino, 2014; Public Health England, 2014).

Despite the wide range of research using the NEET metric to explore the challenges of this subset of vulnerable youth, there is a paucity of research on NEET status among Canadian youth. One Statistics Canada report (Marshall, 2012) examined the rates of NEET and found a rise in the number of NEET youth during the recent economic decline. Using a broad age range (15–29), that report found that 13% of Canadian youth and young adults were NEET and that half of them were young men in their 20s. While NEET status was associated with lower levels of education, the report also found that not all NEET youth were at risk, as a certain proportion was not in the labor force or looking for work – for example, young women with childrearing responsibilities. However, some of those not looking for work were disengaged due to discouragement or illness, highlighting their risk status. In addition, Flynn and Tessier (2011) found that about 12–13% of Canadian youth transitioning out of public child welfare care were NEET, and that low developmental assets predicted NEET-status, pointing to early family adversity and a lack of “soft skills” as risk factors. Together, this shows that a substantial number of Canadian youth are NEET and may benefit from support to increase engagement in employment, education or training. Although there is ample research exploring youth unemployment in Canada, there is little further research specific to the NEET metric among Canadian youth.

A variety of community service agencies across sectors offer services to at-risk youth in Canada. Many NEET youth experiencing negative psychosocial consequences of their disengagement would be expected to seek services from these agencies. However, the status of these youth is currently unclear, raising many questions that may affect the approach to their care and service provision. For example, among the diverse sectors offering services to youth, how many NEET youth do they see? Which sectors are most likely to encounter NEET youth? What is the mental health status of these youth and how does it compare to their non-NEET counterparts? Are there any particular areas of concern clinicians should look for when providing services to NEET youth? Does the experience of NEET young women differ from that of young men? This paper attempts to answer these questions by describing service-seeking NEET youth in Canada.

2. Objective

The purpose of the current study is to explore the characteristics of NEET youth compared to their non-NEET peers in a large, cross-sectoral sample of service-seeking youth in Canada. The goal is to clarify the current status of NEET youth in community agencies in terms of the numbers presenting, their mental health and addictions concerns, gender and age differences, and other factors distinguishing them from their non-NEET counterparts.

3. Method

3.1. Sample & Procedure

The sample consists of data drawn from two Canada-wide implementation projects focused on improving agency capacity to identify and address concurrent disorders (i.e., co-occurring mental health and substance use problems) and increase early intervention opportunities. The projects were the National Youth Screening Project (NYSP) and its pilot, the GAIN Collaborating Network Project (Henderson & Chaim, 2009, 2013). They included agencies from various health and social service sectors, including addictions, mental health, justice, housing/support, education, and health (Henderson, Chaim & Brownlie, *in press*). Youth participants aged 12 to 24 years, and their parents, where required, provided consent for study participation while seeking services at a participating agency between January 2009 and December 2013 (see Henderson et al. (*in press*) for details). A total of 2810 youth presenting to 99 participating organizations across 15 network sites were recruited into the study. As part of the capacity building initiative all youth presenting for services who were eligible for screening were to be screened and asked for consent to share an anonymous copy of the completed screening tool with the research team; agencies reported successfully screening and consenting 81% of those eligible. Ineligible youth included those with emergent MHA concerns (e.g., psychotic symptoms or immediate suicide risk) or cognitive limitations, and those who had previously completed the GAIN Short Screener (GSS), were out of the age range, were not client of the service, or were being discharged. For details on the data collection procedure, see Henderson et al. (*in press*). The study was approved by the Health Canada and the Centre for Addiction and Mental Health research ethics boards, as well as organization-specific review boards for all participating agencies.

This study is a cross-sectional analysis of NYSP/GAIN CN GSS data comparing the characteristics of NEET and non-NEET youth. Participants were determined to be NEET or non-NEET based on their demographic data. Youth who responded that they were not in paid employment or in school or training were classified as NEET; those who indicated that they were employed full or part time, or a student, or in an internship/training program of another kind were classified as non-NEET.

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